

## Book Reviews

### **William J. Long (editor). Pandemics and Peace. Public Health Cooperation in Zones of Conflict. Washington, DC: United States Institute of Peace, 2011**

When bird flu broke out in the Middle East, Israeli, Palestinian and Jordanian, health officials worked side by side sharing information to prevent its spread.

This book provides a description and analysis of international cooperation in regional disease surveillance programs in countries with ongoing, or a history of, conflicts and in resource-poor environments.

The threat posed by pandemics in a globalized world, e.g. HIV, severe acute respiratory syndrome (SARS), swine flu and avian flu, is a global public health challenge. Today, health provision has become a primary public good, and nations must protect their citizens from disease. To reduce the danger of pathogenic threats, the problem must be identified, information must be shared and a response to the threat must be coordinated. Such institutionalized trans-border public health cooperation might, according to the author, be a bridge to peace in areas of conflict. In this book, three transnational regional disease surveillance programs in areas with low probability of interstate cooperation are analysed; in the Middle East, in the Mekong Basin and in East Africa.

The research is based on a theoretically informed, comparative case design, and the data sources include semi-structured interviews, field observations, participant observations and document analyses. The main consideration is why cooperation occurs and which are the factors that facilitate or hinder the success of transnational cooperation. The cases are what the author calls “least-likely instances of interstate cooperation”, with absence of favourable factors like existing institutions or normative consensus.

Based on elements from political realism, liberal institutionalism, constructivism and social psychology, a new theory of regional cooperation is developed. This theory of cooperation suggests that interstate cooperation might be improved by getting the three I's of international cooperation, *interests, institutions and identity*, right.

- (i) Securing shared *interests* in an important transnational public good.
- (ii) Creating and maintaining *institutional* arrangements that are appropriately inclusive, practical, equitable and efficacious.
- (iii) Redefining *identities* so as to include formerly excluded actors in one's salient in-group affiliation and developing trust among members of the new inclusive group.

The actors involved in the three case studies include states, international organizations and other private actors such as corporations and philanthropies, labelled “public-private problem-solving networks”. These networks seem to be effective both in providing transnational public goods and legitimate to domestic and international constituencies. Other areas, relevant to public health, that the author suggests benefit from such border-crossing networks are e.g. counterterrorism cooperation, nuclear fuel regulation, protection of natural resources and prohibition of human trafficking.

Another focus of the book is the impact of national policies as a complement to regional and global efforts to control infectious diseases. The author recommends a significant increase of U.S. expenditures on global infectious disease control and argues that ‘*even an increased expenditure on foreign capacity for infectious disease control would only be a small fraction of America's public health budget, but would deliver significant security and diplomatic returns on the investment*’.

This book constitutes a valuable resource for professionals and researchers in the public health and international relations fields.

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### **Catherine Myser (ed.). Bioethics Around the Globe. New York: Oxford University Press, 2011. ISBN: 978-0-19-538609-7, 294pp**

Discussed mainly since the 1970s in the western world, bioethics has been exported to other countries around the world, often within a paradigm of building ‘ethics capacity’. This has occurred so rapidly that there has been no adequate opportunity for self-study, self-critique and self-correction. Catherine Myser has invited colleagues to analyse the cultural meanings and social functions of bioethics around the globe, to explore whether bioethics ‘genuinely serves the society in which it is practiced, rather than imposing unexamined values’. Possible hidden agendas—professional, religious, socio-cultural—need to be addressed. In this book, studies from high-, low- and middle-income countries are presented by 27 authors, 12 are trained bioethicists/philosophers, 10 social scientists and 5 physicians.

The book is divided into four sections: The first one concerns the globalization of Western bioethics and what might be called

‘missionary bioethics’. The second section deals with the status and evolution of bioethics in France, UK, Central Europe, Latin America, South Africa, Malawi and China. Decision making in the family and various social groupings is discussed, and the authors deplore that Western scholarship generally is not ready to give an adequate place to that societal conditions in other countries. Qiu Renzong, from China, proposes a ‘reconciliation approach’. One example is that current pushes (and ‘fashion’) for private/profit health care raise significant bioethical concerns

The third section illustrates how bioethics might be a means for negotiating social, regional and/or national identification. The fourth section shows how bioethics can become a battleground for religious and political ‘culture wars’. Examples are given from Australia and USA, with particular consideration of the role of the conservative Christian Right vs. liberal views. In a chapter on USA, Jennings and Moreno discuss ‘autonomy liberalism’ vs. ‘identity liberalism’, highly valuing mutual respect and social cooperation.

From India, Chattopadhyay comments on the 2005 UNESCO Universal Declaration on Bioethics and Human Rights, marked in his

view by moral imperialism 'From the perspective of billions of individuals who badly need public health measures, the idea that the interests and welfare of the individual should have priority over the interests of family and society is an absurd proposition'. De Vries and Rott underline the need for 'bioethics from below', suggesting that much of today's bioethics revolves around issues that, although fascinating, affect only a minority. Compared with the pressing issues confronting developing regions, some heated debates in industrialized countries seem of modest importance.

*Bioethics around the globe* is looking at bioethics from sociological, anthropological and political science perspectives, without aiming at rendering the diverse stances on each bioethical issue. For many colleagues, any relativism is interpreted as readiness to dilute or put aside essential tenets of modern human rights; yet, in the Western

culture, we certainly have not always given adequate consideration to other frames of reference.

The book is well written and includes a detailed index. All in all, a worthwhile and important contribution to self-reflection by all concerned in global public health thinking.

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